COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHDE030380 US

| As a below named inventor, I h | ereby declare that: | | | | | |
|--|---------------------|------------------------------------|---|--|--|--|
| My residence, post office address and citizenship are as stated next to my name. | | | | | | |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Device and method for determining the concentration of a tracer in blood the specification of which (check only one item below): | | | | | | |
| is attached hereto. | | | | | | |
| was filed as United States application | | | | | | |
| Serial No | | | | | | |
| on | | | | | | |
| and was amended | | | | | | |
| on | | | | | | |
| | | | | | | |
| and was amended under PCT Article 19 | | | | | | |
| on(if applicable). | | | | | | |
| I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: | | | | | | |
| PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: | | | | | | |
| COUNTRY | APPLICATION NUMBER | DATE OF FILING DAY, MONTH, YEAR | PRIORITY CLAIMED UNDER 35 USC 119 | | | |
| Europe | 03104145.2 | 11 November 2003 | YES | | | |
| | | | | | | |
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U.S. DEPARTMENT OF COMMERCE -Patent and Trademarks Office (July 1994)

Attorneys Docket Number Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) PHDE030380 US POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Direct Telephone Calls to: Jack E. Haken, Reg. No. 26,902 (name and telephone number) Michael E. Marion, Reg. No. 32,266 (914)332-0222 Edward M. Blocker, Reg. No. 30,245 SECOND GIVEN NAME FIRST GIVEN NAME **FULL NAME OF** FAMILY NAME INVENTOR **BRAESS** Henning STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & 201 CITY CITIZENSHIP Germany U.S.A. Lutherville STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS CITY **ADDRESS** U.S.A. MD 21093 Lutherville 213 Eastspring Road

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

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mg 1 2005

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

PTO/SB/80 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). | | | | | | |
|--|--|------------------------|------------|-------------------|--|------------------------|
| I hereby appoint: | | | | | | |
| X Practitioners associated with the Customer Number: | | 24737 | | | | |
| ☐ ^{OR} | OR | | | | | |
| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): | | | | | | |
| Name | | Registration Number | | | ame | Registration Number |
| | · · · · · · · · · · · · · · · · · · · | Number | | | —————————————————————————————————————— | Number |
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| | s) or agent(s) to represent the undersigned before | | | | | |
| any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). | | | | | | |
| Please chai | nge the correspondence address for the applicat | tion identified in | n the atta | ched statement ur | nder 37 CFR 3.73(b) to |) : |
| | | | | | | , |
| The address associated with Customer Number: 24737 | | | | | | |
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| City | | State | State | | Zip | |
| Country | | | | | | |
| Telephone | | | | | | |
| Тејерполе | | | | | | |
| Assignee N | ame and Address: | - | | | | |
| | VONTNI | עד ד זעה | ритт. | TDS ELECT | PRONTES N.V | 7 _ |
| KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg l | | | | | | |
| 5621 BA Eindhoven, The Netherlands | | | | | | |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be | | | | | | |
| filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of | | | | | | |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. | | | | | | |
| SIGNATURE of Assignee of Record The individual whose signer and title is supplied below is authorized to act on behalf of the assignee | | | | | | |
| Signature | 14 Tanaan 200 | | | | | |
| Name | | | | | | 333-9637 |
| Title | Authorized Representative | | | | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| STATEMEN | IT UNDER 37-GER 3.73(b) OPCTOTO 08 MAY ZUM |
|--|---|
| Applicant/Patent Owner: Koninklijke Philips Electronics N.\ | /. |
| Application No./Patent No.: Concurrently F | Filed/Issue Date: Concurrently |
| Entitled: DEVICE AND METHOD FOR DETERMINING T | HE CONCENTRATION OF A TRACER IN BLOOD |
| Koninklijke Philips Electronics N.V. , a (Name of Assignee) | Corporation (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) |
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| 2. an assignee of less than the entire right, title and The extent (by percentage) of its ownership inter in the patent application/patent identified above by virtue. | est is% |
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| [] Copies of assignments or other documents in the c [NOTE: A separate copy (i.e., the original assignments be submitted to Assignment Division in accorrecorded in the records of the USPTO. See MPER | ient document or a true copy of the original document) rdance with 37 CFR Part 3, if the assignment is to be |
| The undersigned (whose title is supplied below) is autr | norized to act on behalf of the assignee. |
| 4-27-06 | DAVID BARNES, REG. 47-407 |
| Date | Typed or printed name |
| (914) 333-9693 | Signature |
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| | Corporate Counsel Title |

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